

REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE-PRESIDENT

1 / 114

1. NAME OF COMMITTEE (in full) COX 2008 COMMITTEE INC		2. IDENTIFICATION NUMBER C00420224	
ADDRESS (number and street) <input checked="" type="checkbox"/> Check if different than previously reported Post Office Box 5353			
CITY, STATE, and ZIP CODE Buffalo Grove IL 60089		3. IS THIS REPORT FOR : <input type="checkbox"/> Primary <input type="checkbox"/> General	

4. TYPE OF REPORT (Check here ☐ if this is a Termination Report.)

☐ April 15 Quarterly Report
☒ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report

Monthly Report Due On:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31

☐ Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____
 on _____

IS THIS REPORT AN AMENDMENT ☐ YES ☒ NO

5. COVERING PERIOD	FROM	THROUGH
	04/01/2007	06/30/2007

SUMMARY	6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD	248.56
	7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)	191910.00
	8. SUBTOTAL (Lines 6 and 7)	192158.56
	9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	180803.75
	10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8)	11354.81
	11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	0.00
	12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	935000.00
	13. EXPENDITURES SUBJECT TO LIMITATION	-65062838.30
NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES	14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	13516.51
	15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)	913558.44

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.

Type or Print Name of Treasurer Claremont Ruff	Date 07/13/2007
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Signature of Treasurer

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of FEC FORM 3P are obsolete and should no longer be used.

For further information contact:	Federal Election Commission 999 E Street, N.W. Washington, DC 20463	Toll Free 800-424-9530 Local 202-694-1100
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FEC FORM 3P
(01/2001)

DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS**2 / 114**

(PAGE 2, FEC FORM 3P)

Name of committee (in full)
COX 2008 COMMITTEE INC

Report Covering the Period

From: 04/01/2007

To: 06/30/2007

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	.....	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees	.....	1410.00	13516.51
(b) Political Party Committees	.....	0.00	0.00
(c) Other Political Committees	.....	0.00	0.00
(d) The Candidate	.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d))		1410.00	13516.51
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	.....	0.00	0.00
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate	.....	190000.00	935000.00
(b) Other Loans	.....	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	.....	190000.00	935000.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating	.....	500.00	3617.85
(b) Fundraising	.....	0.00	0.00
(c) Legal and Accounting	.....	0.00	0.00
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c))		500.00	3617.85
21. OTHER RECEIPTS (Dividend, Interest, etc.)	.....	0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)	.....	191910.00	952134.36
II. DISBURSEMENTS			
23. OPERATING EXPENDITURES	.....	180803.75	917176.29
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	.....	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	.....	0.00	23603.26
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS	.....	0.00	0.00
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate	.....	0.00	0.00
(b) Other Repayments	.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	.....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees	.....	0.00	0.00
(b) Political Party Committees	.....	0.00	0.00
(c) Other Political Committees	.....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))	.....	0.00	0.00
29. OTHER DISBURSEMENTS	.....	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	.....	180803.75	940779.55
III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	.....	0.00	

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE
 (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)
 (PAGE 3, FEC FORM 3P)

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1. NAME OF COMMITTEE (in full)
COX 2008 COMMITTEE INC
ADDRESS (number and street)
 Post Office Box 5353

CITY, STATE, and ZIP CODE
 Buffalo Grove IL 60089

2. IDENTIFICATION NUMBER
 C00420224

ALLOCATION BY STATE

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	1000.00	New Hampshire	0.00	39904.80
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	12.60	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	12.60
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	12.60	North Dakota	0.00	0.00
District of Columbia	0.00	1095.59	Ohio	0.00	0.00
Florida	0.00	12.60	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	40.00	Rhode Island	0.00	0.00
Illinois	0.00	2892.97	South Carolina	0.00	100245.84
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	0.00	95985.11	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	1012.60	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	100.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			TOTALS	0.00	242327.31

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Drona Achaiber			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y															
0	4		1	6		2	0	0	7															
Mailing Address 5125 Heron Place			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>		25.00																			
25.00																								
City Coconut Creek		State FL	Zip Code 33073																					
FEC ID number of contributing federal political committee.			Donation																					
Name of Employer Fidelity National Title		Occupation Systems Administrator																						
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>			25.00																			
25.00																								
			Transaction ID: SA17A.5582																					
B. Full Name (Last, First, Middle Initial) Kim Axne			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y															
0	4		2	7		2	0	0	7															
Mailing Address Post Office Box 96			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>		50.00																			
50.00																								
City Badger		State IA	Zip Code 50516																					
FEC ID number of contributing federal political committee.			Donation																					
Name of Employer Land O'Lakes, Inc.		Occupation Seed Supply/Distribution																						
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>			50.00																			
50.00																								
			Transaction ID: SA17A.5584																					
C. Full Name (Last, First, Middle Initial) William Benstson			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y															
0	6		1	5		2	0	0	7															
Mailing Address 319 Laurens Street SW Unit A3			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>		10.00																			
10.00																								
City Aiken		State SC	Zip Code 29081																					
FEC ID number of contributing federal political committee.			Donation																					
Name of Employer Unknown		Occupation Unknown																						
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>			10.00																			
10.00																								
			Transaction ID: SA17A.5586																					

SUBTOTAL of Receipts This Page (optional)

85.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Thomas Berkeridge, Sr. Mailing Address 344 Maple Trail City State Zip Code Crownsville MD 21032 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 7 Amount of Each Receipt this Period 100.00 Contribution
Name of Employer Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 100.00		Transaction ID: SA17A.5588
B. Full Name (Last, First, Middle Initial) Mr. Clair Christy Mailing Address 5254 Mill Stream Driev City State Zip Code St. Cloud FL 34771 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 9 / 2 0 0 7 Amount of Each Receipt this Period 25.00 Contribution
Name of Employer Semi-Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 25.00		Transaction ID: SA17A.5590
C. Full Name (Last, First, Middle Initial) Keith Cingel Mailing Address 100 Red Baron Drive City State Zip Code Severn AL 20999 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 7 / 2 0 0 7 Amount of Each Receipt this Period 50.00 Contribution
Name of Employer Santa Claus Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 50.00		Transaction ID: SA17A.5593

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) John DeWees Mailing Address 36 Symor City State Zip Code Morristown NJ 07960 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 7 / 2 0 0 7 Amount of Each Receipt this Period 100.00 Contribution Transaction ID: SA17A.5595
Name of Employer Team Fashions, Inc. Occupation Owner Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 100.00		
B. Full Name (Last, First, Middle Initial) Walter and Polly Gee, III Mailing Address 298 Burger Town Road City State Zip Code Copperhill TN 37317 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 9 / 2 0 0 7 Amount of Each Receipt this Period 25.00 Contribution Transaction ID: SA17A.5597
Name of Employer Occupation Retired Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 25.00		
C. Full Name (Last, First, Middle Initial) Matt Graves Mailing Address 295 14th Avenue SE City State Zip Code St. Cloud MN 56304 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 7 Amount of Each Receipt this Period 100.00 Contribution Transaction ID: SA17A.5599
Name of Employer U.S. Government/FISD Occupation Special Agent Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 100.00		

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Jose Guerrero Mailing Address 5209 Clay Street City State Zip Code Houston TX 77023 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 1 / 2 0 0 7 Amount of Each Receipt this Period 25.00 Contribution Transaction ID: SA17A.5601
B. Full Name (Last, First, Middle Initial) Mr. Chris Huse Mailing Address RR1 - Box 304 City State Zip Code Onida SD 57564 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7 Amount of Each Receipt this Period 100.00 Contribution Transaction ID: SA17A.5603
C. Full Name (Last, First, Middle Initial) Theodore Lopez Mailing Address 708 West Sitka City State Zip Code Tampa FL 33604 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 7 Amount of Each Receipt this Period 20.00 Contribution Transaction ID: SA17A.5605

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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☐ 16 ☒ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Gordon McNeill			Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address 7304 Carlton Center Road			Amount of Each Receipt this Period 25.00	
City State Zip Code Woodland MI 48897		Contribution		
FEC ID number of contributing federal political committee.			Transaction ID: SA17A.5607	
Name of Employer Maple Valley Pharmacy		Occupation Pharmacist		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 25.00		
B. Full Name (Last, First, Middle Initial) Greg Myers			Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 7	
Mailing Address Post Office Box 7790			Amount of Each Receipt this Period 100.00	
City State Zip Code Lakeland FL 33807		Contribution		
FEC ID number of contributing federal political committee.			Transaction ID: SA17A.5619	
Name of Employer Southside Cleaners/Laundry		Occupation Dry Cleaning		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 100.00		
C. Full Name (Last, First, Middle Initial) Ronald A Pankau			Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7	
Mailing Address 565 Juneberry Rd			Amount of Each Receipt this Period 500.00	
City State Zip Code Riverwoods IL 60015		Contribution		
FEC ID number of contributing federal political committee.			Transaction ID: SA17A.5609	
Name of Employer None		Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Roy Schoults Mailing Address 760 Somerville Street - #1 City State Zip Code Manchester NH 03103 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 7 Amount of Each Receipt this Period 5.00 Contribution Transaction ID: SA17A.5610
Name of Employer Occupation None Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 15.00		
B. Full Name (Last, First, Middle Initial) Ray Visotski Mailing Address 242 Magnolia Lake Road City State Zip Code Aiken SC 29803 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7 Amount of Each Receipt this Period 100.00 Contribution Transaction ID: SA17A.5611
Name of Employer Occupation ARV Enterprises, LLC Funeral Director Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 100.00		
C. Full Name (Last, First, Middle Initial) James Williamson Mailing Address Post Office Box 220 City State Zip Code Savage MD 20763 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7 Amount of Each Receipt this Period 25.00 Contribution Transaction ID: SA17A.5613
Name of Employer Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 25.00		

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
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PAGE 10 / 114

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial)
Brent Zimmerman

Mailing Address

403 Leggatt Street

City

Grand Haven

State

MI

Zip Code

49417

FEC ID number of contributing
federal political committee.

Name of Employer
Meijer, Inc.

Occupation
Cashier

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 7

Amount of Each Receipt this Period

25.00

Contribution

Transaction ID: SA17A.5615

SUBTOTAL of Receipts This Page (optional)

25.00

TOTAL This Period (last page this line number only)

1410.00

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 16 ☐ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18
☒ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) JOHN H COX Mailing Address 55 E ERIE City State Zip Code CHICAGO IL 60611 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 7 Amount of Each Receipt this Period 25000.00 Personal Loan Transaction ID: SA19A.5574
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 770000.00		
B. Full Name (Last, First, Middle Initial) JOHN H COX Mailing Address 55 E ERIE City State Zip Code CHICAGO IL 60611 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 7 Amount of Each Receipt this Period 15000.00 Personal Loan Transaction ID: SA19A.5575
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 785000.00		
C. Full Name (Last, First, Middle Initial) JOHN H COX Mailing Address 55 E ERIE City State Zip Code CHICAGO IL 60611 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 7 Amount of Each Receipt this Period 50000.00 Personal Loan Transaction ID: SA19A.5576
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 835000.00		

SUBTOTAL of Receipts This Page (optional)

90000.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 114

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) JOHN H COX Mailing Address 55 E ERIE City State Zip Code CHICAGO IL 60611 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7 Amount of Each Receipt this Period 25000.00 Personal loan
Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 860000.00		Transaction ID: SA19A.5577
B. Full Name (Last, First, Middle Initial) JOHN H COX Mailing Address 55 E ERIE City State Zip Code CHICAGO IL 60611 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7 Amount of Each Receipt this Period 25000.00 Personal loan
Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 885000.00		Transaction ID: SA19A.5578
C. Full Name (Last, First, Middle Initial) JOHN H COX Mailing Address 55 E ERIE City State Zip Code CHICAGO IL 60611 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7 Amount of Each Receipt this Period 25000.00 Personal loan
Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 910000.00		Transaction ID: SA19A.5579

SUBTOTAL of Receipts This Page (optional)

75000.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)

JOHN H COX

Mailing Address

55 E ERIE

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

935000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 7

Amount of Each Receipt this Period

25000.00

Personal loan

Transaction ID: SA19A.5580

SUBTOTAL of Receipts This Page (optional)

25000.00

TOTAL This Period (last page this line number only)

190000.00

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 114

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial)
Wright County Central Committee

Mailing Address

PO Box 128

City

Rowan

State

IA

Zip Code

50470

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 7

Amount of Each Receipt this Period

500.00

Refund

Transaction ID: SA20A.5891

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Steve Adcock	Transaction ID: SB23.5623 Date of Disbursement
Mailing Address 101 North Wilmot Suite 400	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 4 / 2 0 0 7</div> </div>
City Tuscon State AZ Zip Code 85711	Amount of Each Disbursement this Period
Purpose of Disbursement Services rendered Candidate Name COX 2008 COMMITTEE INC	<div> <div>Amount</div> <div>450.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Steve Adcock	Transaction ID: SB23.5625 Date of Disbursement
Mailing Address 101 North Wilmot Suite 400	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 7</div> </div>
City Tuscon State AZ Zip Code 85711	Amount of Each Disbursement this Period
Purpose of Disbursement Services rendered Candidate Name COX 2008 COMMITTEE INC	<div> <div>Amount</div> <div>225.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Steve Adcock	Transaction ID: SB23.5626 Date of Disbursement
Mailing Address 101 North Wilmot Suite 400	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 0 / 2 0 0 7</div> </div>
City Tuscon State AZ Zip Code 85711	Amount of Each Disbursement this Period
Purpose of Disbursement Services rendered Candidate Name COX 2008 COMMITTEE INC	<div> <div>Amount</div> <div>225.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
SUBTOTAL of Disbursements This Page (optional)	<div> <div>Amount</div> <div>900.00</div> </div>
TOTAL This Period (last page this line number only)	<div> <div>Amount</div> <div></div> </div>

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Steve Adcock

Mailing Address 101 North Wilmot
Suite 400

City Tuscon State AZ Zip Code 85711

Purpose of Disbursement
Services rendered

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5629

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

225.00

Full Name (Last, First, Middle Initial)

B. Steve Adcock

Mailing Address 101 North Wilmot
Suite 400

City Tuscon State AZ Zip Code 85711

Purpose of Disbursement
Services rendered

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5630

Date of Disbursement

06 / 29 / 2007

Amount of Each Disbursement this Period

225.00

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 1 ADP Boulevard

City Roseland State NJ Zip Code 07068

Purpose of Disbursement
Payroll services

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5631

Date of Disbursement

04 / 06 / 2007

Amount of Each Disbursement this Period

72.50

SUBTOTAL of Disbursements This Page (optional)

522.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. ADP Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll taxes Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Transaction ID: SB23.5632 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 1356.73
B. ADP Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll services Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Transaction ID: SB23.5633 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 84.00
C. ADP Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll services Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Transaction ID: SB23.5634 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 67.50

SUBTOTAL of Disbursements This Page (optional)

1508.23

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial)
ADP

Mailing Address 1 ADP Boulevard

City Roseland State NJ Zip Code 07068

Purpose of Disbursement
Payroll taxes

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5636

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.63

B. Full Name (Last, First, Middle Initial)
ADP

Mailing Address 1 ADP Boulevard

City Roseland State NJ Zip Code 07068

Purpose of Disbursement
Payroll services

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5637

Date of Disbursement

/ /

Amount of Each Disbursement this Period

103.00

C. Full Name (Last, First, Middle Initial)
ADP

Mailing Address 1 ADP Boulevard

City Roseland State NJ Zip Code 07068

Purpose of Disbursement
Payroll taxes

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5638

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1356.74

SUBTOTAL of Disbursements This Page (optional)

1490.37

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 114

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 1 ADP Boulevard

City
Roseland

State
NJ

Zip Code
07068

Purpose of Disbursement
Payroll services

101

Category/
Type

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5640

Date of Disbursement

05 / 04 / 2007

Amount of Each Disbursement this Period

80.50

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 1 ADP Boulevard

City
Roseland

State
NJ

Zip Code
07068

Purpose of Disbursement
Payroll taxes

101

Category/
Type

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5641

Date of Disbursement

05 / 15 / 2007

Amount of Each Disbursement this Period

1356.73

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 1 ADP Boulevard

City
Roseland

State
NJ

Zip Code
07068

Purpose of Disbursement
Payroll services

101

Category/
Type

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5642

Date of Disbursement

05 / 18 / 2007

Amount of Each Disbursement this Period

67.50

SUBTOTAL of Disbursements This Page (optional)

1504.73

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. ADP Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll services Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.5643 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7 Amount of Each Disbursement this Period 53.00
B. ADP Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll taxes Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.5644 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7 Amount of Each Disbursement this Period 1169.59
C. ADP Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll taxes Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.5645 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 1348.73

SUBTOTAL of Disbursements This Page (optional)

2571.32

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. ADP Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll services Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.5646 Date of Disbursement 06 / 15 / 2007 Amount of Each Disbursement this Period 67.50 101 Category/ Type
B. ADP Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll services Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.5647 Date of Disbursement 06 / 22 / 2007 Amount of Each Disbursement this Period 67.50 101 Category/ Type
C. ADP Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll taxes Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.5649 Date of Disbursement 06 / 29 / 2007 Amount of Each Disbursement this Period 1084.22 101 Category/ Type
SUBTOTAL of Disbursements This Page (optional)		1219.22
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. ADP Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll services Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.5651 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 53.00
B. Bob Andrews Full Name (Last, First, Middle Initial) Mailing Address Post Office Box 870189 City Stone Mountain State GA Zip Code 30087 Purpose of Disbursement Services performed Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.5652 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 500.00
C. Bob Andrews Full Name (Last, First, Middle Initial) Mailing Address Post Office Box 870189 City Stone Mountain State GA Zip Code 30087 Purpose of Disbursement Website name reimbursement Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.5653 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 79.00
SUBTOTAL of Disbursements This Page (optional)		632.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Bob Andrews		Transaction ID: SB23.5654 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 2 / 2 0 0 7</div> </div>
Mailing Address Post Office Box 870189		Amount of Each Disbursement this Period <div>1750.00</div>
City Stone Mountain State GA Zip Code 30087		
Purpose of Disbursement Services performed	<div>101</div> Category/Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Bob Andrews		Transaction ID: SB23.5655 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 6 / 2 0 0 7</div> </div>
Mailing Address Post Office Box 870189		Amount of Each Disbursement this Period <div>1250.00</div>
City Stone Mountain State GA Zip Code 30087		
Purpose of Disbursement Services performed	<div>101</div> Category/Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Bob Andrews		Transaction ID: SB23.5664 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 6 / 2 0 0 7</div> </div>
Mailing Address Post Office Box 870189		Amount of Each Disbursement this Period <div>909.91</div>
City Stone Mountain State GA Zip Code 30087		
Purpose of Disbursement Yellow Freight Reimbursement	<div>101</div> Category/Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional) ►		<div>3909.91</div>
TOTAL This Period (last page this line number only) ►		

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Bob Andrews		Transaction ID: SB23.5657 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 7</div> </div>	
Mailing Address Post Office Box 870189		Amount of Each Disbursement this Period <div>1250.00</div>	
City Stone Mountain	State GA		Zip Code 30087
Purpose of Disbursement Services performed			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Bob Andrews		Transaction ID: SB23.5870 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 0 / 2 0 0 7</div> </div>	
Mailing Address Post Office Box 870189		Amount of Each Disbursement this Period <div>1250.00</div>	
City Stone Mountain	State GA		Zip Code 30087
Purpose of Disbursement Services rendered			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Bob Andrews		Transaction ID: SB23.5658 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 8 / 2 0 0 7</div> </div>	
Mailing Address Post Office Box 870189		Amount of Each Disbursement this Period <div>847.28</div>	
City Stone Mountain	State GA		Zip Code 30087
Purpose of Disbursement Reimbursement			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

3347.28

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Bob Andrews Full Name (Last, First, Middle Initial) Mailing Address Post Office Box 870189 City Stone Mountain State GA Zip Code 30087 Purpose of Disbursement Services performed Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.5660 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 250.00 101 Category/ Type
B. Aristotle Full Name (Last, First, Middle Initial) Mailing Address 205 Pennsylvania Avenue SE City Washington State DC Zip Code 20003 Purpose of Disbursement Voter List Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.5661 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7 Amount of Each Disbursement this Period 202.68 101 Category/ Type
C. Danny Carlton Full Name (Last, First, Middle Initial) Mailing Address 19724 East Pine #149 City Catoosa State OK Zip Code 74017 Purpose of Disbursement Services performed Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.5665 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 200.00 101 Category/ Type

SUBTOTAL of Disbursements This Page (optional)

652.68

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Danny Carlton Full Name (Last, First, Middle Initial) Mailing Address 19724 East Pine #149 City Catoosa State OK Zip Code 74017 Purpose of Disbursement Services performed Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.5668 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7 Amount of Each Disbursement this Period 100.00
B. Danny Carlton Full Name (Last, First, Middle Initial) Mailing Address 19724 East Pine #149 City Catoosa State OK Zip Code 74017 Purpose of Disbursement Services performed Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.5669 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 100.00
C. Chase Bank Full Name (Last, First, Middle Initial) Mailing Address 825 West Euclid City Palatine State IL Zip Code 60067 Purpose of Disbursement Fees Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.5674 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7 Amount of Each Disbursement this Period 39.00

SUBTOTAL of Disbursements This Page (optional)

239.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Chase Bank

Mailing Address 825 West Euclid

City Palatine State IL Zip Code 60067

Purpose of Disbursement
Wire fee

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5681

Date of Disbursement

04 / 27 / 2007

Amount of Each Disbursement this Period

12.00

101
Category/
Type

Full Name (Last, First, Middle Initial)

B. Chase Bank

Mailing Address 825 West Euclid

City Palatine State IL Zip Code 60067

Purpose of Disbursement
Fees

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5675

Date of Disbursement

05 / 02 / 2007

Amount of Each Disbursement this Period

39.00

101
Category/
Type

Full Name (Last, First, Middle Initial)

C. Chase Bank

Mailing Address 825 West Euclid

City Palatine State IL Zip Code 60067

Purpose of Disbursement
Wire fee

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5682

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

12.00

101
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

63.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Chase Bank

Mailing Address 825 West Euclid

City Palatine State IL Zip Code 60067

Purpose of Disbursement
New checks

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5683

Date of Disbursement

06 / 12 / 2007

Amount of Each Disbursement this Period

63.75

101

Category/
Type

Full Name (Last, First, Middle Initial)

B. Chase Bank

Mailing Address 825 West Euclid

City Palatine State IL Zip Code 60067

Purpose of Disbursement
Wire fee

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5684

Date of Disbursement

06 / 12 / 2007

Amount of Each Disbursement this Period

12.00

101

Category/
Type

Full Name (Last, First, Middle Initial)

C. Chase Bank

Mailing Address 825 West Euclid

City Palatine State IL Zip Code 60067

Purpose of Disbursement
Wire fee

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5685

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

12.00

101

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

87.75

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Chase Bank Full Name (Last, First, Middle Initial) Mailing Address 825 West Euclid City Palatine State IL Zip Code 60067 Purpose of Disbursement Wire fee Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.5686 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 12.00
B. City of Dubuque Full Name (Last, First, Middle Initial) Mailing Address 830 Bluff Street City Dubuque State IA Zip Code 52001 Purpose of Disbursement Parking Ticket #345777 Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.5869 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 35.00
C. Colby Trust Full Name (Last, First, Middle Initial) Mailing Address 6581 University Avenue City Des Moines State IA Zip Code 50311 Purpose of Disbursement Rent and utilities Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.5670 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7 Amount of Each Disbursement this Period 1176.82

SUBTOTAL of Disbursements This Page (optional)

1223.82

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Colby Trust

Mailing Address 6581 University Avenue

City Des Moines State IA Zip Code 50311

Purpose of Disbursement
Rent and utilities

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5671

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

1176.82

101
Category/
Type

Full Name (Last, First, Middle Initial)

B. Colby Trust

Mailing Address 6581 University Avenue

City Des Moines State IA Zip Code 50311

Purpose of Disbursement
Rent and utilities

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5672

Date of Disbursement

06 / 18 / 2007

Amount of Each Disbursement this Period

274.48

101
Category/
Type

Full Name (Last, First, Middle Initial)

C. Colby Trust

Mailing Address 6581 University Avenue

City Des Moines State IA Zip Code 50311

Purpose of Disbursement
Rent and utilities

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5673

Date of Disbursement

06 / 28 / 2007

Amount of Each Disbursement this Period

1176.82

101
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

2628.12

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Color Craft Printing

Mailing Address 7621 Baltimore Annapolis Blvd

City State Zip Code
Glen Burnie MD 21060

Purpose of Disbursement
Business Cards

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5687

Date of Disbursement

/ /

Amount of Each Disbursement this Period

86.71

B. Comcast

Mailing Address 4400 Belle Oakes Drive

City State Zip Code
Charleston SC 29405

Purpose of Disbursement
Cable service

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5688

Date of Disbursement

/ /

Amount of Each Disbursement this Period

401.39

C. Comcast

Mailing Address 4400 Belle Oakes Drive

City State Zip Code
Charleston SC 29405

Purpose of Disbursement
Cable service

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5689

Date of Disbursement

/ /

Amount of Each Disbursement this Period

157.35

SUBTOTAL of Disbursements This Page (optional)

645.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Comcast

Mailing Address 4400 Belle Oakes Drive

City Charleston State SC Zip Code 29405

Purpose of Disbursement

Cable service

Candidate Name

COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5690

Date of Disbursement

05 / 31 / 2007

Amount of Each Disbursement this Period

157.35

Full Name (Last, First, Middle Initial)

B. Comcast

Mailing Address 4400 Belle Oakes Drive

City Charleston State SC Zip Code 29405

Purpose of Disbursement

Cable service

Candidate Name

COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5691

Date of Disbursement

06 / 29 / 2007

Amount of Each Disbursement this Period

157.35

Full Name (Last, First, Middle Initial)

C. Edward Cousar

Mailing Address 206 Old Friendship Road

City Catawba State SC Zip Code 29704

Purpose of Disbursement

Expense reimbursement

Candidate Name

COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5692

Date of Disbursement

04 / 25 / 2007

Amount of Each Disbursement this Period

1030.01

SUBTOTAL of Disbursements This Page (optional)

1344.71

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 114

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) CPAC		Transaction ID: SB23.5693 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	3		2	0	0	7													
Mailing Address 1007 Cameron Street		Amount of Each Disbursement this Period <table border="1"> <tr> <td>600.00</td> </tr> </table>	600.00																			
600.00																						
City Alexandria State VA Zip Code 22314																						
Purpose of Disbursement Advertising																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	101 Category/ Type																				
B. Full Name (Last, First, Middle Initial) Jill Dworski		Transaction ID: SB23.5695 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	9		2	0	0	7													
Mailing Address 92 Woodstone Drive		Amount of Each Disbursement this Period <table border="1"> <tr> <td>271.04</td> </tr> </table>	271.04																			
271.04																						
City Buffalo Grove State IL Zip Code 60089																						
Purpose of Disbursement Reimbursement																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	101 Category/ Type																				
C. Full Name (Last, First, Middle Initial) Federal Express		Transaction ID: SB23.5696 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	3		2	0	0	7													
Mailing Address 1 Federal Express Drive		Amount of Each Disbursement this Period <table border="1"> <tr> <td>489.33</td> </tr> </table>	489.33																			
489.33																						
City Nashville State TN Zip Code 39240																						
Purpose of Disbursement Delivery service																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	101 Category/ Type																				

SUBTOTAL of Disbursements This Page (optional)

1360.37

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Federal Express

Mailing Address 1 Federal Express Drive

City Nashville State TN Zip Code 39240

Purpose of Disbursement
Delivery service

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5697

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2007

Amount of Each Disbursement this Period

34.89

Full Name (Last, First, Middle Initial)

B. GBC Blue Group

Mailing Address 5721 SE Columbia Way
Suite 190

City Vancouver State WA Zip Code 98661

Purpose of Disbursement
Internet service

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5699

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2007

Amount of Each Disbursement this Period

13.50

Full Name (Last, First, Middle Initial)

C. Georgia Republican Party

Mailing Address Post Office Box550008

City Atlanta State GA Zip Code 30355

Purpose of Disbursement
Convention fee

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5701

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2007

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional)

198.39

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Adam Graham

Mailing Address 2834 Abbs Lane

City
Boise

State
ID

Zip Code
83705

Purpose of Disbursement
Services performed

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5703

Date of Disbursement

04 / 03 / 2007

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Adam Graham

Mailing Address 2834 Abbs Lane

City
Boise

State
ID

Zip Code
83705

Purpose of Disbursement
Services performed

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5705

Date of Disbursement

05 / 15 / 2007

Amount of Each Disbursement this Period

100.50

Full Name (Last, First, Middle Initial)

C. Adam Graham

Mailing Address 2834 Abbs Lane

City
Boise

State
ID

Zip Code
83705

Purpose of Disbursement
Services performed

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5706

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

400.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Adam Graham

Mailing Address 2834 Abbs Lane

City
Boise

State
ID

Zip Code
83705

Purpose of Disbursement
Services performed

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5707

Date of Disbursement

06 / 29 / 2007

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Greenville South Carolina Republican Party

Mailing Address Post Office Box 5205

City
Greenville

State
SC

Zip Code
29607

Purpose of Disbursement
Convention

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5708

Date of Disbursement

04 / 03 / 2007

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Stacy Harp

Mailing Address 4315 West Chapman Avenue

City
Orange

State
CA

Zip Code
92868

Purpose of Disbursement
Services performed

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5710

Date of Disbursement

04 / 04 / 2007

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Stacy Harp		Transaction ID: SB23.5712 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 7</div> </div>	
Mailing Address 4315 West Chapman Avenue			
City Orange	State CA	Zip Code 92868	Amount of Each Disbursement this Period <div>100.00</div>
Purpose of Disbursement Services performed		<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Stacy Harp		Transaction ID: SB23.5879 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 0 / 2 0 0 7</div> </div>	
Mailing Address 4315 West Chapman Avenue			
City Orange	State CA	Zip Code 92868	Amount of Each Disbursement this Period <div>100.00</div>
Purpose of Disbursement Services rendered		<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Stacy Harp		Transaction ID: SB23.5713 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 9 / 2 0 0 7</div> </div>	
Mailing Address 4315 West Chapman Avenue			
City Orange	State CA	Zip Code 92868	Amount of Each Disbursement this Period <div>100.00</div>
Purpose of Disbursement Services performed		<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		<div>300.00</div>	
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Linda Harrington		Transaction ID: SB23.5714 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	3		2	0	0	7													
Mailing Address 2421 - 106th Street		Amount of Each Disbursement this Period <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																						
City Albion State IA Zip Code 50005																						
Purpose of Disbursement Services performed	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type		101																			
101																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
B. Full Name (Last, First, Middle Initial) Linda Harrington		Transaction ID: SB23.5716 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	9		2	0	0	7													
Mailing Address 2421 - 106th Street		Amount of Each Disbursement this Period <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																						
City Albion State IA Zip Code 50005																						
Purpose of Disbursement Services performed	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type		101																			
101																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
C. Full Name (Last, First, Middle Initial) Linda Harrington		Transaction ID: SB23.5717 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	6		2	0	0	7													
Mailing Address 2421 - 106th Street		Amount of Each Disbursement this Period <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																						
City Albion State IA Zip Code 50005																						
Purpose of Disbursement Services performed	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type		101																			
101																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
SUBTOTAL of Disbursements This Page (optional)		<table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00																			
1500.00																						
TOTAL This Period (last page this line number only)		<table border="1"> <tr> <td></td> </tr> </table>																				

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Linda Harrington

Mailing Address 2421 - 106th Street

City Albion State IA Zip Code 50005

Purpose of Disbursement
Services performed

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5718

Date of Disbursement

05 / 15 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Linda Harrington

Mailing Address 2421 - 106th Street

City Albion State IA Zip Code 50005

Purpose of Disbursement
Services performed

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5719

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Linda Harrington

Mailing Address 2421 - 106th Street

City Albion State IA Zip Code 50005

Purpose of Disbursement
Services performed

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5720

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 / 114

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Linda Harrington

Mailing Address 2421 - 106th Street

City Albion State IA Zip Code 50005

Purpose of Disbursement
Services performed

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5721

Date of Disbursement

06 / 29 / 2007

Amount of Each Disbursement this Period

625.00

Full Name (Last, First, Middle Initial)

B. Dan Herren

Mailing Address 116 Golden Crest Road

City Mauldin State SC Zip Code 29662

Purpose of Disbursement
Reimbursement

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5722

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

632.67

Full Name (Last, First, Middle Initial)

C. Dan Herren

Mailing Address 116 Golden Crest Road

City Mauldin State SC Zip Code 29662

Purpose of Disbursement
Reimbursement

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5723

Date of Disbursement

04 / 19 / 2007

Amount of Each Disbursement this Period

1150.46

SUBTOTAL of Disbursements This Page (optional)

2408.13

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Dan Herren		Transaction ID: SB23.5724 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 5 / 2 0 0 7</div> </div>
Mailing Address 116 Golden Crest Road		Amount of Each Disbursement this Period <div>1286.32</div>
City Mauldin State SC Zip Code 29662		
Purpose of Disbursement Reimbursement Candidate Name COX 2008 COMMITTEE INC	<div>101</div> Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Dan Herren		Transaction ID: SB23.5725 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 1 / 2 0 0 7</div> </div>
Mailing Address 116 Golden Crest Road		Amount of Each Disbursement this Period <div>2015.90</div>
City Mauldin State SC Zip Code 29662		
Purpose of Disbursement Reimbursement Candidate Name COX 2008 COMMITTEE INC	<div>101</div> Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Dan Herren		Transaction ID: SB23.5726 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 9 / 2 0 0 7</div> </div>
Mailing Address 116 Golden Crest Road		Amount of Each Disbursement this Period <div>1959.56</div>
City Mauldin State SC Zip Code 29662		
Purpose of Disbursement Reimbursement Candidate Name COX 2008 COMMITTEE INC	<div>101</div> Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		<div>5261.78</div>
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Steve Huff

Mailing Address 1219 North 3 Dr

City
Manchester

State
IA

Zip Code
52056

Purpose of Disbursement
Payroll

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5727

Date of Disbursement

04 / 13 / 2007

Amount of Each Disbursement this Period

1109.92

Full Name (Last, First, Middle Initial)

B. Steve Huff

Mailing Address 1219 North 3 Dr

City
Manchester

State
IA

Zip Code
52056

Purpose of Disbursement
Payroll

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5728

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

1109.91

Full Name (Last, First, Middle Initial)

C. Steve Huff

Mailing Address 1219 North 3 Dr

City
Manchester

State
IA

Zip Code
52056

Purpose of Disbursement
Payroll

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5729

Date of Disbursement

05 / 15 / 2007

Amount of Each Disbursement this Period

1109.92

SUBTOTAL of Disbursements This Page (optional)

3329.75

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Steve Huff		Transaction ID: SB23.5730 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 1 / 2 0 0 7</div> </div>
Mailing Address 1219 North 3 Dr		Amount of Each Disbursement this Period <div>1109.92</div>
City Manchester State IA Zip Code 52056		
Purpose of Disbursement Payroll	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Steve Huff		Transaction ID: SB23.5731 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 5 / 2 0 0 7</div> </div>
Mailing Address 1219 North 3 Dr		Amount of Each Disbursement this Period <div>1109.92</div>
City Manchester State IA Zip Code 52056		
Purpose of Disbursement Payroll	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Steve Huff		Transaction ID: SB23.5732 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 7</div> </div>
Mailing Address 1219 North 3 Dr		Amount of Each Disbursement this Period <div>1109.92</div>
City Manchester State IA Zip Code 52056		
Purpose of Disbursement Payroll	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

3329.76

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Illinois Secretary of State		Transaction ID: SB23.5734 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 1 / 2 0 0 7</div> </div>
Mailing Address 501 South Second Street		Amount of Each Disbursement this Period <div>25.00</div>
City Springfield State IL Zip Code 62756		
Purpose of Disbursement Corporate filings	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Imagelink, Inc.		Transaction ID: SB23.5735 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 1 / 2 0 0 7</div> </div>
Mailing Address 1379 Chattahoochee Avenue		Amount of Each Disbursement this Period <div>471.96</div>
City Atlanta State GA Zip Code 30318		
Purpose of Disbursement Copy services	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Iowa Events Center		Transaction ID: SB23.5884 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 3 / 2 0 0 7</div> </div>
Mailing Address 730 3rd Street		Amount of Each Disbursement this Period <div>414.50</div>
City Des Moines State IA Zip Code 50309		
Purpose of Disbursement Banquet Services	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

911.46

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Iowa Republican Party		Transaction ID: SB23.5737 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	9		2	0	0	7													
Mailing Address 621 Esat Ninth Street		Amount of Each Disbursement this Period <table border="1"> <tr> <td>15000.00</td> </tr> </table>	15000.00																			
15000.00																						
City Des Moines State IA Zip Code 50309																						
Purpose of Disbursement Iowa Straw Poll																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 101																				
B. Full Name (Last, First, Middle Initial) Lennie Jarrett		Transaction ID: SB23.5740 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		1	5		2	0	0	7													
Mailing Address 2306 North Tedy Lane		Amount of Each Disbursement this Period <table border="1"> <tr> <td>100.00</td> </tr> </table>	100.00																			
100.00																						
City Round Lake Beach State IL Zip Code 60073																						
Purpose of Disbursement Services performed																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 101																				
C. Full Name (Last, First, Middle Initial) Lennie Jarrett		Transaction ID: SB23.5743 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		3	0		2	0	0	7													
Mailing Address 2306 North Tedy Lane		Amount of Each Disbursement this Period <table border="1"> <tr> <td>100.00</td> </tr> </table>	100.00																			
100.00																						
City Round Lake Beach State IL Zip Code 60073																						
Purpose of Disbursement Services performed																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 101																				

SUBTOTAL of Disbursements This Page (optional)

15200.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Lennie Jarrett		Transaction ID: SB23.5744 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 5 / 2 0 0 7</div> </div>
Mailing Address 2306 North Tedy Lane		Amount of Each Disbursement this Period <div>100.00</div>
City Round Lake Beach State IL Zip Code 60073		
Purpose of Disbursement Services performed	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Lennie Jarrett		Transaction ID: SB23.5745 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 9 / 2 0 0 7</div> </div>
Mailing Address 2306 North Tedy Lane		Amount of Each Disbursement this Period <div>100.00</div>
City Round Lake Beach State IL Zip Code 60073		
Purpose of Disbursement Services performed	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Law Offices of Mark W. Hardee		Transaction ID: SB23.5746 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 5 / 2 0 0 7</div> </div>
Mailing Address 1426 Richland Street		Amount of Each Disbursement this Period <div>3549.65</div>
City Columbia State SC Zip Code 29201		
Purpose of Disbursement Legal services	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>3749.65</div>
TOTAL This Period (last page this line number only)		

**SCHEDULE B (FEC Form 3P)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Martin E Janis & Company Inc

Mailing Address 625 North Michigan Ave Suite 420

City
ChicagoState
ILZip Code
60611Purpose of Disbursement
Services performedCandidate Name
COX 2008 COMMITTEE INC

101

Category/
Type

Office Sought: ☐ House
☐ Senate
☒ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5748

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	0	7

Amount of Each Disbursement this Period

3546.31

Full Name (Last, First, Middle Initial)

B. Kimberly McClendonMailing Address 14500 Roadrunner Way
#401City
San AntonioState
TXZip Code
78249Purpose of Disbursement
Services performedCandidate Name
COX 2008 COMMITTEE INC

101

Category/
Type

Office Sought: ☐ House
☐ Senate
☒ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5749

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	9	/	2	0	0	7

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. Kimberly McClendonMailing Address 14500 Roadrunner Way
#401City
San AntonioState
TXZip Code
78249Purpose of Disbursement
Services performedCandidate Name
COX 2008 COMMITTEE INC

101

Category/
Type

Office Sought: ☐ House
☐ Senate
☒ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5751

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	7	/	2	0	0	7

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

5796.31

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Kimberly McClendon

Mailing Address 14500 Roadrunner Way
#401

City San Antonio State TX Zip Code 78249

Purpose of Disbursement
Services performed

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5753

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

738.00

Full Name (Last, First, Middle Initial)

B. Kimberly McClendon

Mailing Address 14500 Roadrunner Way
#401

City San Antonio State TX Zip Code 78249

Purpose of Disbursement
Services performed

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5754

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

738.00

Full Name (Last, First, Middle Initial)

C. Kimberly McClendon

Mailing Address 14500 Roadrunner Way
#401

City San Antonio State TX Zip Code 78249

Purpose of Disbursement
Services performed

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5757

Date of Disbursement

06 / 29 / 2007

Amount of Each Disbursement this Period

730.00

SUBTOTAL of Disbursements This Page (optional)

2206.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. McCormick County Republican Party

Mailing Address 143 Madison Drive

City McCormick State SC Zip Code 29835

Purpose of Disbursement
Convention

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5758

Date of Disbursement

/ /

Amount of Each Disbursement this Period

52.00

Full Name (Last, First, Middle Initial)

B. Merrimack Restaurant

Mailing Address 786 Elm Street

City Manchester State NH Zip Code 03101

Purpose of Disbursement
Rent

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5865

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1800.00

Full Name (Last, First, Middle Initial)

C. Merrimack Restaurant

Mailing Address 786 Elm Street

City Manchester State NH Zip Code 03101

Purpose of Disbursement
Rent

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5866

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1800.00

SUBTOTAL of Disbursements This Page (optional)

3652.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Merrimack Restaurant

Mailing Address 786 Elm Street

City
Manchester

State
NH

Zip Code
03101

Purpose of Disbursement
Rent

101
Category/
Type

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5868

Date of Disbursement

06 / 28 / 2007

Amount of Each Disbursement this Period

1800.00

Full Name (Last, First, Middle Initial)

B. New Hampshire GOP

Mailing Address 10 Water Street

City
Concord

State
NH

Zip Code
03301

Purpose of Disbursement
Debate expenses

101
Category/
Type

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5760

Date of Disbursement

06 / 04 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. New Hampshire GOP

Mailing Address 10 Water Street

City
Concord

State
NH

Zip Code
03301

Purpose of Disbursement
Republican Leadership PAC

101
Category/
Type

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5762

Date of Disbursement

06 / 04 / 2007

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

4100.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Office of the Attorney General - Employer Maintenance

Mailing Address Post Office Box 10

City Austin State TX Zip Code 78767

Purpose of Disbursement
Child Support

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5763

Date of Disbursement

04 / 11 / 2007

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. Office of the Attorney General - Employer Maintenance

Mailing Address Post Office Box 10

City Austin State TX Zip Code 78767

Purpose of Disbursement
Child Support

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5764

Date of Disbursement

04 / 26 / 2007

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

C. Office of the Attorney General - Employer Maintenance

Mailing Address Post Office Box 10

City Austin State TX Zip Code 78767

Purpose of Disbursement
Child Support

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5766

Date of Disbursement

05 / 11 / 2007

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Office of the Attorney General - Employer Maintenance

Mailing Address Post Office Box 10

City Austin State TX Zip Code 78767

Purpose of Disbursement
Child support

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5767

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. Office of the Attorney General - Employer Maintenance

Mailing Address Post Office Box 10

City Austin State TX Zip Code 78767

Purpose of Disbursement
Child support

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5768

Date of Disbursement

06 / 14 / 2007

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

C. Office of the Attorney General - Employer Maintenance

Mailing Address Post Office Box 10

City Austin State TX Zip Code 78767

Purpose of Disbursement
Child support

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5769

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Omni Hotel Shoreham Full Name (Last, First, Middle Initial) Mailing Address 2500 Calvert Street NW City Washington State DC Zip Code 20008 Purpose of Disbursement Lodging and convention expenses Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.5770 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7 Amount of Each Disbursement this Period 3356.01
B. Parallax Films Full Name (Last, First, Middle Initial) Mailing Address 415 Imperial Highway Suite C City La Habra State CA Zip Code 90631 Purpose of Disbursement Production Services Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.5771 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 2000.00
C. Public Service of New Hampshire Full Name (Last, First, Middle Initial) Mailing Address PO Box 360 City Manchester State NH Zip Code 03105 Purpose of Disbursement Utilities Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.5773 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7 Amount of Each Disbursement this Period 24.73
SUBTOTAL of Disbursements This Page (optional)		5380.74
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

<p>Full Name (Last, First, Middle Initial) A. Public Service of New Hampshire</p> <p>Mailing Address PO Box 360</p> <p>City Manchester State NH Zip Code 03105</p> <p>Purpose of Disbursement Utilities</p> <p>Candidate Name COX 2008 COMMITTEE INC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB23.5774 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 21.91</p>
<p>Full Name (Last, First, Middle Initial) B. Public Service of New Hampshire</p> <p>Mailing Address PO Box 360</p> <p>City Manchester State NH Zip Code 03105</p> <p>Purpose of Disbursement Utilities</p> <p>Candidate Name COX 2008 COMMITTEE INC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB23.5775 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 23.31</p>
<p>Full Name (Last, First, Middle Initial) C. Patrick Quinn</p> <p>Mailing Address 1717 Old Delaware Road</p> <p>City Mt. Vernon State OH Zip Code 43050</p> <p>Purpose of Disbursement Services performed</p> <p>Candidate Name COX 2008 COMMITTEE INC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB23.5882 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional)

545.22

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Qwest

Mailing Address Post Office Box 91154

City State Zip Code
Seattle WA 98111

Purpose of Disbursement
Telephone service

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5778

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1092.94

Category/
Type

Full Name (Last, First, Middle Initial)

B. Qwest

Mailing Address Post Office Box 91154

City State Zip Code
Seattle WA 98111

Purpose of Disbursement
Telephone service

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5779

Date of Disbursement

/ /

Amount of Each Disbursement this Period

188.57

Category/
Type

Full Name (Last, First, Middle Initial)

C. Qwest

Mailing Address Post Office Box 91154

City State Zip Code
Seattle WA 98111

Purpose of Disbursement
Telephone service

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5780

Date of Disbursement

/ /

Amount of Each Disbursement this Period

189.14

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

1470.65

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Qwest

Mailing Address Post Office Box 91154

City State Zip Code
Seattle WA 98111

Purpose of Disbursement
Telephone service

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5782

Date of Disbursement

/ /

Amount of Each Disbursement this Period

189.07

B. reimagine

Full Name (Last, First, Middle Initial)

Mailing Address P2310 Lochinvar Drive

City State Zip Code
Durham NC 27705

Purpose of Disbursement
Website

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5783

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

C. reimagine

Full Name (Last, First, Middle Initial)

Mailing Address P2310 Lochinvar Drive

City State Zip Code
Durham NC 27705

Purpose of Disbursement
Website

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5785

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3189.07

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) reimagine		Transaction ID: SB23.5786 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 9 / 2 0 0 7</div> </div>
Mailing Address P2310 Lochinvar Drive		Amount of Each Disbursement this Period <div>1000.00</div>
City Durham State NC Zip Code 27705		
Purpose of Disbursement Website		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		101 Category/ Type
B. Full Name (Last, First, Middle Initial) REPUBLICAN PARTY OF IOWA		Transaction ID: SB23.5902 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 3 / 2 0 0 7</div> </div>
Mailing Address 621 E. Ninth Street		Amount of Each Disbursement this Period <div>1000.00</div>
City Des Moines State IA Zip Code 50309		
Purpose of Disbursement Convention		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		101 Category/ Type
C. Full Name (Last, First, Middle Initial) Richland County GOP		Transaction ID: SB23.5787 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 3 / 2 0 0 7</div> </div>
Mailing Address Post Office Box 6754		Amount of Each Disbursement this Period <div>300.00</div>
City Columbia State SC Zip Code 29260		
Purpose of Disbursement Convention		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		101 Category/ Type
SUBTOTAL of Disbursements This Page (optional)		<div>2300.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Chris Richter		Transaction ID: SB23.5789 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 3 / 2 0 0 7</div> </div>
Mailing Address 33 Ashland Street		Amount of Each Disbursement this Period <div>1636.33</div>
City Manchester State NH Zip Code 03104		
Purpose of Disbursement Payroll		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 101
B. Full Name (Last, First, Middle Initial) Chris Richter		Transaction ID: SB23.5790 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 9 / 2 0 0 7</div> </div>
Mailing Address 33 Ashland Street		Amount of Each Disbursement this Period <div>609.51</div>
City Manchester State NH Zip Code 03104		
Purpose of Disbursement Reimbursement		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 101
C. Full Name (Last, First, Middle Initial) Chris Richter		Transaction ID: SB23.5791 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 0 7</div> </div>
Mailing Address 33 Ashland Street		Amount of Each Disbursement this Period <div>1636.33</div>
City Manchester State NH Zip Code 03104		
Purpose of Disbursement Payroll		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 101

SUBTOTAL of Disbursements This Page (optional)

3882.17

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Chris Richter

Mailing Address 33 Ashland Street

City
Manchester

State
NH

Zip Code
03104

Purpose of Disbursement
Payroll

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5792

Date of Disbursement

05 / 15 / 2007

Amount of Each Disbursement this Period

1636.33

Full Name (Last, First, Middle Initial)

B. Chris Richter

Mailing Address 33 Ashland Street

City
Manchester

State
NH

Zip Code
03104

Purpose of Disbursement
Telephone reimbursement

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5793

Date of Disbursement

05 / 15 / 2007

Amount of Each Disbursement this Period

245.84

Full Name (Last, First, Middle Initial)

C. Chris Richter

Mailing Address 33 Ashland Street

City
Manchester

State
NH

Zip Code
03104

Purpose of Disbursement
Telephone reimbursement

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5794

Date of Disbursement

05 / 15 / 2007

Amount of Each Disbursement this Period

225.98

SUBTOTAL of Disbursements This Page (optional)

2108.15

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Chris Richter		Transaction ID: SB23.5795 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 0 / 2 0 0 7</div> </div>
Mailing Address 33 Ashland Street		Amount of Each Disbursement this Period <div>230.85</div>
City Manchester State NH Zip Code 03104		
Purpose of Disbursement Reimbursement	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Chris Richter		Transaction ID: SB23.5796 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 1 / 2 0 0 7</div> </div>
Mailing Address 33 Ashland Street		Amount of Each Disbursement this Period <div>1636.33</div>
City Manchester State NH Zip Code 03104		
Purpose of Disbursement Payroll	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Chris Richter		Transaction ID: SB23.5797 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 1 / 2 0 0 7</div> </div>
Mailing Address 33 Ashland Street		Amount of Each Disbursement this Period <div>170.04</div>
City Manchester State NH Zip Code 03104		
Purpose of Disbursement Reimbursement	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

2037.22

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Chris Richter

Mailing Address 33 Ashland Street

City
Manchester

State
NH

Zip Code
03104

Purpose of Disbursement
Payroll

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5798

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

1636.33

Full Name (Last, First, Middle Initial)

B. Chris Richter

Mailing Address 33 Ashland Street

City
Manchester

State
NH

Zip Code
03104

Purpose of Disbursement
Telephone reimbursement

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5799

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

171.60

Full Name (Last, First, Middle Initial)

C. Chris Richter

Mailing Address 33 Ashland Street

City
Manchester

State
NH

Zip Code
03104

Purpose of Disbursement
Payroll

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5800

Date of Disbursement

06 / 30 / 2007

Amount of Each Disbursement this Period

881.60

SUBTOTAL of Disbursements This Page (optional)

2689.53

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial)
Robert George Productions, Inc.

Mailing Address 4118 Covey Run

City Naples State FL Zip Code 34109

Purpose of Disbursement
Studio Production

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5801

Date of Disbursement

/ /

Amount of Each Disbursement this Period

245.00

B. Full Name (Last, First, Middle Initial)
SDS Distributing

Mailing Address 4836 Jersey Ridge Road

City Davenport State IA Zip Code 52807

Purpose of Disbursement
Jays Potato Chips

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5900

Date of Disbursement

/ /

Amount of Each Disbursement this Period

201.60

C. Full Name (Last, First, Middle Initial)
Carl Segvich

Mailing Address 3110 South Wells

City Chicago State IL Zip Code 60616

Purpose of Disbursement
Services performed

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5803

Date of Disbursement

/ /

Amount of Each Disbursement this Period

625.00

SUBTOTAL of Disbursements This Page (optional)

1071.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Service U Corporation

Mailing Address 60 Germantown Court
Suite 202

City Cordova State TN Zip Code 38018

Purpose of Disbursement
Scheduling Services

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5896

Date of Disbursement

/ /

Amount of Each Disbursement this Period

259.45

Full Name (Last, First, Middle Initial)

B. Service U Corporation

Mailing Address 60 Germantown Court
Suite 202

City Cordova State TN Zip Code 38018

Purpose of Disbursement
Scheduling Services

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5898

Date of Disbursement

/ /

Amount of Each Disbursement this Period

124.92

Full Name (Last, First, Middle Initial)

C. SOUTH CAROLINA REPUBLICAN PARTY

Mailing Address P O Box 12373

City Columbia State SC Zip Code 29211

Purpose of Disbursement
Silver Elephant Dinner and Convention

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5804

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1384.37

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. SOUTH CAROLINA REPUBLICAN PARTY

Mailing Address P O Box 12373

City Columbia State SC Zip Code 29211

Purpose of Disbursement
Primary election ballot fee

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5806

Date of Disbursement

04 / 26 / 2007

Amount of Each Disbursement this Period

25000.00

Full Name (Last, First, Middle Initial)

B. Spartanburg County Republican Party

Mailing Address Post Office Box 29304

City Spartanburg State SC Zip Code 29304

Purpose of Disbursement
Convention

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5809

Date of Disbursement

04 / 03 / 2007

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Special Guests

Mailing Address 9 S 157 Route 59

City Naperville State IL Zip Code 60564

Purpose of Disbursement
Invoice No. 5058

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5811

Date of Disbursement

04 / 03 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

27250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Special Guests

Mailing Address 9 S 157 Route 59

City
Naperville

State
IL

Zip Code
60564

Purpose of Disbursement

Invoice No. 5083

Candidate Name

COX 2008 COMMITTEE INC

Office Sought:

☐ House
☐ Senate
☒ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District: 02

Transaction ID: SB23.5813

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Special Guests

Mailing Address 9 S 157 Route 59

City
Naperville

State
IL

Zip Code
60564

Purpose of Disbursement

Services through 06.13.07

Candidate Name

COX 2008 COMMITTEE INC

Office Sought:

☐ House
☐ Senate
☒ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District: 02

Transaction ID: SB23.5815

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4850.00

Full Name (Last, First, Middle Initial)

C. Special Guests

Mailing Address 9 S 157 Route 59

City
Naperville

State
IL

Zip Code
60564

Purpose of Disbursement

Retainer

Candidate Name

COX 2008 COMMITTEE INC

Office Sought:

☐ House
☐ Senate
☒ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District: 02

Transaction ID: SB23.5816

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

9850.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Spectrum Monthly & Printing

Mailing Address 95 Eddy Road Suite 101

City Manchester State NH Zip Code 03102

Purpose of Disbursement
Invoice No. 60703

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5817

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2007

Amount of Each Disbursement this Period

1722.85

Full Name (Last, First, Middle Initial)

B. Joe Speranzella

Mailing Address 26759 Johnson Creek Road

City Crisfield State MD Zip Code 21817

Purpose of Disbursement
Services performed

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5822

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2007

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Joe Speranzella

Mailing Address 26759 Johnson Creek Road

City Crisfield State MD Zip Code 21817

Purpose of Disbursement
Services performed

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5818

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2007

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

2022.85

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Joe Speranzella		Transaction ID: SB23.5821 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 5 / 2 0 0 7</div> </div>
Mailing Address 26759 Johnson Creek Road		Amount of Each Disbursement this Period <div>100.00</div>
City Crisfield State MD Zip Code 21817		
Purpose of Disbursement Services performed Candidate Name COX 2008 COMMITTEE INC	<div>101</div> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Joe Speranzella		Transaction ID: SB23.5823 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 9 / 2 0 0 7</div> </div>
Mailing Address 26759 Johnson Creek Road		Amount of Each Disbursement this Period <div>100.00</div>
City Crisfield State MD Zip Code 21817		
Purpose of Disbursement Services performed Candidate Name COX 2008 COMMITTEE INC	<div>101</div> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Staples		Transaction ID: SB23.5824 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 3 / 2 0 0 7</div> </div>
Mailing Address 1901 L Street		Amount of Each Disbursement this Period <div>652.27</div>
City Washington State DC Zip Code 20036		
Purpose of Disbursement Convention materials Candidate Name COX 2008 COMMITTEE INC	<div>101</div> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>852.27</div>
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Barbara Tarallo		Transaction ID: SB23.5890 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	6		2	0	0	7													
Mailing Address 70 Hubbard Court		Amount of Each Disbursement this Period <table border="1"> <tr> <td>661.08</td> </tr> </table>	661.08																			
661.08																						
City Derry State NH Zip Code 03038	<table border="1"> <tr> <td>101</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>		101	Category/ Type																		
101																						
Category/ Type																						
Purpose of Disbursement Payroll																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) True-South Communications SC LLC		Transaction ID: SB23.5827 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	2		2	0	0	7													
Mailing Address 116 Golden Crest Court		Amount of Each Disbursement this Period <table border="1"> <tr> <td>3088.00</td> </tr> </table>	3088.00																			
3088.00																						
City Mauldin State SC Zip Code 29662	<table border="1"> <tr> <td>101</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>		101	Category/ Type																		
101																						
Category/ Type																						
Purpose of Disbursement Services performed																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) True-South Communications SC LLC		Transaction ID: SB23.5828 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	9		2	0	0	7													
Mailing Address 116 Golden Crest Court		Amount of Each Disbursement this Period <table border="1"> <tr> <td>942.64</td> </tr> </table>	942.64																			
942.64																						
City Mauldin State SC Zip Code 29662	<table border="1"> <tr> <td>101</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>		101	Category/ Type																		
101																						
Category/ Type																						
Purpose of Disbursement Reimbursement																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)

4691.72

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 69 / 114

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. True-South Communications SC LLC

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement

Reimbursement

Candidate Name

COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5829

Date of Disbursement

04 / 25 / 2007

Amount of Each Disbursement this Period

846.92

Full Name (Last, First, Middle Initial)

B. True-South Communications SC LLC

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement

Services performed

Candidate Name

COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5831

Date of Disbursement

04 / 26 / 2007

Amount of Each Disbursement this Period

3088.00

Full Name (Last, First, Middle Initial)

C. True-South Communications SC LLC

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement

Reimbursement

Candidate Name

COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5903

Date of Disbursement

05 / 11 / 2007

Amount of Each Disbursement this Period

291.32

SUBTOTAL of Disbursements This Page (optional)

4226.24

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 70 / 114

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. True-South Communications SC LLC

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement
Services performed

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5832

Date of Disbursement

05 / 15 / 2007

Amount of Each Disbursement this Period

3088.00

101
Category/
Type

Full Name (Last, First, Middle Initial)

B. True-South Communications SC LLC

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement
Services performed

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5833

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

3088.00

101
Category/
Type

Full Name (Last, First, Middle Initial)

C. True-South Communications SC LLC

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement
Services performed

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5834

Date of Disbursement

06 / 13 / 2007

Amount of Each Disbursement this Period

3088.00

101
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

9264.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. True-South Communications SC LLC

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement
Reimbursement

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5836

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

155.22

Full Name (Last, First, Middle Initial)

B. True-South Communications SC LLC

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement
Services performed

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5837

Date of Disbursement

06 / 29 / 2007

Amount of Each Disbursement this Period

3088.00

Full Name (Last, First, Middle Initial)

C. U.S. District Court - South Carolina

Mailing Address 910 Richland

City Columbia State SC Zip Code 29201

Purpose of Disbursement
Filing fees

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5886

Date of Disbursement

05 / 09 / 2007

Amount of Each Disbursement this Period

600.00

SUBTOTAL of Disbursements This Page (optional)

3843.22

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. UPS

Mailing Address PO Box 650580

City
Dallas

State
TX

Zip Code
75265

Purpose of Disbursement
Delivery service

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5842

Date of Disbursement

05 / 03 / 2007

Amount of Each Disbursement this Period

73.92

Full Name (Last, First, Middle Initial)

B. US Cellular

Mailing Address PO Box 1

City
Palatine

State
IL

Zip Code
60623

Purpose of Disbursement
Cellular service

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5839

Date of Disbursement

04 / 09 / 2007

Amount of Each Disbursement this Period

46.36

Full Name (Last, First, Middle Initial)

C. US Cellular

Mailing Address PO Box 1

City
Palatine

State
IL

Zip Code
60623

Purpose of Disbursement
Cellular phone

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5840

Date of Disbursement

05 / 11 / 2007

Amount of Each Disbursement this Period

46.36

SUBTOTAL of Disbursements This Page (optional)

166.64

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) US Cellular		Transaction ID: SB23.5841 Date of Disbursement <div> <div>06</div> <div>11</div> <div>2007</div> </div>	
Mailing Address PO Box 1		Amount of Each Disbursement this Period <div>46.36</div>	
City Palatine	State IL		Zip Code 60623
Purpose of Disbursement Cellular phone			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 02			
B. Full Name (Last, First, Middle Initial) John Utz		Transaction ID: SB23.5843 Date of Disbursement <div> <div>04</div> <div>13</div> <div>2007</div> </div>	
Mailing Address 813 Pesch		Amount of Each Disbursement this Period <div>750.24</div>	
City Rowan	State IA		Zip Code 50470
Purpose of Disbursement Payroll			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 02			
C. Full Name (Last, First, Middle Initial) John Utz		Transaction ID: SB23.5844 Date of Disbursement <div> <div>04</div> <div>30</div> <div>2007</div> </div>	
Mailing Address 813 Pesch		Amount of Each Disbursement this Period <div>750.24</div>	
City Rowan	State IA		Zip Code 50470
Purpose of Disbursement Payroll			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 02			
SUBTOTAL of Disbursements This Page (optional)		<div>1546.84</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) John Utz		Transaction ID: SB23.5845 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 7</div> </div>	
Mailing Address 813 Pesch		Amount of Each Disbursement this Period <div>750.24</div>	
City Rowan	State IA		Zip Code 50470
Purpose of Disbursement Payroll			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) John Utz		Transaction ID: SB23.5846 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 1 / 2 0 0 7</div> </div>	
Mailing Address 813 Pesch		Amount of Each Disbursement this Period <div>750.24</div>	
City Rowan	State IA		Zip Code 50470
Purpose of Disbursement Payroll			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) John Utz		Transaction ID: SB23.5847 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 3 / 2 0 0 7</div> </div>	
Mailing Address 813 Pesch		Amount of Each Disbursement this Period <div>750.24</div>	
City Rowan	State IA		Zip Code 50470
Purpose of Disbursement Payroll			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

2250.72

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) John Utz		Transaction ID: SB23.5848 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	9		2	0	0	7													
Mailing Address 813 Pesch		Amount of Each Disbursement this Period <table border="1"> <tr> <td>964.61</td> </tr> </table>	964.61																			
964.61																						
City Rowan State IA Zip Code 50470																						
Purpose of Disbursement Payroll																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		101 Category/ Type																				
B. Full Name (Last, First, Middle Initial) Verizon		Transaction ID: SB23.5892 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	5		2	0	0	7													
Mailing Address Post Office Box 1		Amount of Each Disbursement this Period <table border="1"> <tr> <td>125.29</td> </tr> </table>	125.29																			
125.29																						
City Worcester State MA Zip Code 01654-0001																						
Purpose of Disbursement Telephone service																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		101 Category/ Type																				
C. Full Name (Last, First, Middle Initial) Verizon		Transaction ID: SB23.5893 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		0	3		2	0	0	7													
Mailing Address Post Office Box 1		Amount of Each Disbursement this Period <table border="1"> <tr> <td>127.68</td> </tr> </table>	127.68																			
127.68																						
City Worcester State MA Zip Code 01654-0001																						
Purpose of Disbursement Telephone service																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		101 Category/ Type																				

SUBTOTAL of Disbursements This Page (optional)

1217.58

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Verizon Full Name (Last, First, Middle Initial) Mailing Address Post Office Box 1 City Worcester State MA Zip Code 01654-0001 Purpose of Disbursement Telephone service Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.5894 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7 Amount of Each Disbursement this Period 128.14
B. Victory Full Name (Last, First, Middle Initial) Mailing Address 102 East Fox Street City Yorkville State IL Zip Code 60560 Purpose of Disbursement Services performed Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.5851 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 1425.00
C. Vonage Full Name (Last, First, Middle Initial) Mailing Address 23 Main Street City Holmdel State NJ Zip Code 07733 Purpose of Disbursement Telephone service Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.5852 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7 Amount of Each Disbursement this Period 563.40

SUBTOTAL of Disbursements This Page (optional)

2116.54

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Vonage Full Name (Last, First, Middle Initial) Mailing Address 23 Main Street City Holmdel State NJ Zip Code 07733 Purpose of Disbursement Telephone service Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.5853 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7 Amount of Each Disbursement this Period 563.40
B. Vonage Full Name (Last, First, Middle Initial) Mailing Address 23 Main Street City Holmdel State NJ Zip Code 07733 Purpose of Disbursement Telephone service Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.5854 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7 Amount of Each Disbursement this Period 566.40
C. Vonage Full Name (Last, First, Middle Initial) Mailing Address 23 Main Street City Holmdel State NJ Zip Code 07733 Purpose of Disbursement Telephone service Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.5855 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 566.50
SUBTOTAL of Disbursements This Page (optional)		1696.30
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Mark Vonderohe

Mailing Address 502 First Street SE
#05

City Waukon State IA Zip Code 52172

Purpose of Disbursement
Payroll

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5856

Date of Disbursement

/ /

Amount of Each Disbursement this Period

404.82

Full Name (Last, First, Middle Initial)

B. Mark Vonderohe

Mailing Address 502 First Street SE
#05

City Waukon State IA Zip Code 52172

Purpose of Disbursement
Payroll

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5857

Date of Disbursement

/ /

Amount of Each Disbursement this Period

404.82

Full Name (Last, First, Middle Initial)

C. Mark Vonderohe

Mailing Address 502 First Street SE
#05

City Waukon State IA Zip Code 52172

Purpose of Disbursement
Payroll

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5858

Date of Disbursement

/ /

Amount of Each Disbursement this Period

404.82

SUBTOTAL of Disbursements This Page (optional)

1214.46

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 79 / 114

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Mark Vonderohe

Mailing Address 502 First Street SE
#05

City Waukon State IA Zip Code 52172

Purpose of Disbursement
Payroll

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5859

Date of Disbursement

/ /

Amount of Each Disbursement this Period

404.82

Full Name (Last, First, Middle Initial)

B. Mark Vonderohe

Mailing Address 502 First Street SE
#05

City Waukon State IA Zip Code 52172

Purpose of Disbursement
Payroll

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5861

Date of Disbursement

/ /

Amount of Each Disbursement this Period

404.82

Full Name (Last, First, Middle Initial)

C. Mark Vonderohe

Mailing Address 502 First Street SE
#05

City Waukon State IA Zip Code 52172

Purpose of Disbursement
Payroll

Candidate Name
COX 2008 COMMITTEE INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.5862

Date of Disbursement

/ /

Amount of Each Disbursement this Period

404.82

SUBTOTAL of Disbursements This Page (optional)

1214.46

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 80 / 114

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

A. Wall Street Journal

Mailing Address 200 Burnet Road

City
Chicopee

State
MA

Zip Code
01020

Purpose of Disbursement
Newspaper subscriptions

Candidate Name
COX 2008 COMMITTEE INC

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.5863

Date of Disbursement

/ /

Amount of Each Disbursement this Period

177.00

SUBTOTAL of Disbursements This Page (optional)

177.00

TOTAL This Period (last page this line number only)

180803.75

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 81 / 114

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4100

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 2D D
0 3Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 82 / 114

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4101

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 3D D
0 6Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 83 / 114

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4429

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 4D D
1 9Y Y Y Y
2 0 0 6

12/31/2008

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 84 / 114

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4432

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 5D D
0 4Y Y Y Y
2 0 0 6

12/31/2008

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 85 / 114

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4433

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 5D D
1 0Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 86 / 114

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4434

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 5D D
1 1Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 87 / 114

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4435

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 6D D
2 0Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 88 / 114

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4457

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 7D D
1 4Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 89 / 114

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4456

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 7D D
2 8Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 90 / 114

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4458

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 8D D
1 4Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4459

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 8D D
2 8Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4460

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 9D D
1 3Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4461

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 9D D
2 0Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

30000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4462

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 9D D
2 8Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4782

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 0D D
1 2Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4783

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 0D D
2 6Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4784

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

M M D D Y Y Y Y
1 1 0 8 2 0 0 6

Date Due

12/31/08

Interest Rate

5.1 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4785

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 1D D
3 0Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4786

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 2D D
0 6Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 100 / 114

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4787

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 2D D
2 2Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 101 / 114

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5197

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 1D D
0 9Y Y Y Y
2 0 0 7

12/31/2008

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 102 / 114

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5198

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 1D D
1 6Y Y Y Y
2 0 0 7

12/31/2008

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

40000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 103 / 114

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5199

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 1D D
2 9Y Y Y Y
2 0 0 7

12/31/2008

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 104 / 114

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5200

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 2D D
0 6Y Y Y Y
2 0 0 7

12/31/08

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 105 / 114

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5201

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 2D D
1 2Y Y Y Y
2 0 0 7

12/31/08

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

30000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 106 / 114

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5202

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 3D D
0 1Y Y Y Y
2 0 0 7

12/31/08

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 107 / 114

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5203

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 3D D
1 4Y Y Y Y
2 0 0 7

12/31/08

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5574

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 4D D
0 4Y Y Y Y
2 0 0 7

12/31/08

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5575

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 4D D
1 5Y Y Y Y
2 0 0 7

5.10

5.1

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5576

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 5D D
0 2Y Y Y Y
2 0 0 7

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 111 / 114

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5577

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 5D D
1 6Y Y Y Y
2 0 0 7

12/31/08

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 112 / 114

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5578

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO State IL ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 6D D
1 3Y Y Y Y
2 0 0 7

12/31/08

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 113 / 114

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5579

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 6D D
1 4Y Y Y Y
2 0 0 7

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 114 / 114

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5580

LOAN SOURCE Full Name (Last, First, Middle Initial)

JOHN H COX, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 E ERIE

City CHICAGO

State IL

ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 6D D
3 0Y Y Y Y
2 0 0 7

12/31/08

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

TOTALS This Period (last page in this line only) ▶

935000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.